

CHILD

NOVEMBER 1952



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WHEN A CHILD MUST GO TO THE HOSPITAL

Much can be done to prevent emotional disturbances

RUTH WINKLEY

WE KNOW that children differ in the ways they meet difficult situations, and that a child who is well-adjusted, whose family life is a life of love, trust, and security, is the one who is most likely to go through his tonsil operation without much emotional disturbance.

But however well-adjusted a child may be, his first hospitalization may be full of disagreeable surprises. And some of the hospital procedures, especially if he misinterprets them, may frighten him or otherwise disturb him.

To find out which procedures were bothering the child most, a team of five professional workers—four physicians and a psychiatric social worker—have made a 3-year study of children undergoing tonsillectomy at Albany Hospital, Albany, N. Y. More than 100 children 3 to 8 years of age were studied — before they went to the hospital, while they were there, and afterward.

Children's resentment heeded

The study showed that what the children resented most was a jab with a hypodermic needle. And as a result this hospital has reduced the use of needles, and by the end of the study the only jab these children had to take while conscious was the finger prick for a hemoglobin reading.

Some other procedures were modified or eliminated, though many, of course, could not be.

But as a step toward making the whole hospital experience less disturbing to the child, the social worker—myself—visited the child's home a week or two before the operation, got acquainted with him and his parents, and talked over the various things

that would happen in the hospital. I especially explained the procedures that had been found most disturbing.

As for reassurance, I found that the mother needed this more than did the child. What the child needed was information. And that is what I gave, along with reasons for some procedures that we had learned were misinterpreted by some children in ways that had unhappy results.

I also studied each child, evaluating his emotional characteristics and his relations with his parents.

In order to bring to light the things that were disturbing the children, members of the study team considered the situation of each child from the time he entered the lobby of the hospital until he went home the next day. And they noticed a source of disturbance for a few children at the very beginning of their hospitalization—in fact, in the elevator. For a few children are afraid of shut-in places. And when such a child steps into the hospital elevator he is likely to become panicky. After we learned about this, I included elevators in the discussion with the child at home.

But even if the child knows about elevators, the hospital elevator may

be crowded, with many grown-ups towering above him and obstructing his view, and he may become frightened. If he has learned to count, it helps if he is told beforehand that he and his mother are to get off, say, at the sixth floor. Watching the floors go by and confirming the truth of this may sufficiently engage his attention to keep him from being afraid.

Then there are the "men in white." Many children have never seen doctors dressed in white, even on television. For an occasional child, seeing men in white clothes may be a scary encounter unless someone has told him about this ahead of time.

Another thing that may bring consternation is undressing and going to bed in the daytime. It may make a child feel that he is being punished, especially if that is the way he is punished at home. In this hospital a child does not need to go to bed when he arrives. The hospital has a large playroom, and there Johnny will find himself with other children, and this may take his attention away from his own troubles, at least to some extent.

When the real bedtime comes, however, Johnny may be distressed to find that his hospital bed has sides, like a baby's crib. If he is proud of his youth-bed status, the resemblance to a crib may bring with it a tinge of humiliation. But if he has been told at home about the kind of hospital bed he will sleep in, and if the reason for the crib-like sides is explained to him, he is likely to take the whole thing in stride. Therefore, when I visited a child in his home, I told him why his hospital bed would have sides—it is because the beds are so high and so narrow that even a

RUTH WINKLEY is Associate in Pediatrics at Albany Medical College, Albany, N. Y. She is a graduate of the University of Michigan and of the New York School of Social Work.

The members of the team that worked on the study Miss Winkley describes here are all on the staff of Albany Medical College. The director of the project was Otto A. Faust, M.D., Professor of Pediatrics. The other members, besides Miss Winkley, were Katherine Jackson, M.D., Anesthesiologist; Ethel G. Cermak, M.D., Associate Professor of Pediatrics; and Marjorie Murray Burt, M.D., formerly Associate Professor of Pediatrics.

The study was made with the cooperation and support of the New York State Department of Health.

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A child whose family life is a life of love, trust, and security is the one who is likely to go through a hospital experience, such as a tonsil operation, without much trouble.

grown-up might roll over in his sleep and fall out.

Again, if Johnny wants to be Hopalong Cassidy both day and night, and is used to wearing cowboy pajamas (and something similar may apply to little Mary too), the hospital gown will seem a rather dull affair. There is something about being Hopalong Cassidy, even in the hospital, and about wearing one's own night clothes, that keeps many a little fellow from feeling he has lost his identity in this very strange place.

Mother's presence usually helps

In Albany Hospital, a mother is encouraged to stay with her child the 2 nights he is there and is permitted to sleep in the same room with him. This, too, is a boost to most children's spirits. During these 2 important days in his life Johnny has the assurance of his mother's constant presence in case he needs her. If Johnny and his mother are truly close, this is a good arrangement; but it can be disturbing if his mother is more upset than he is, as such feelings com-

municate themselves to children without words. Fortunately some mothers know this themselves deep down inside; and sometimes one of these will say that Johnny will be better off without her, and another lets herself believe that she is more needed at home.

Taking a blood sample is a routine requirement in the hospital, and, of course, Johnny will have to undergo this, often to his mother's distress. For most adults have disagreeable associations with blood; and it is hard for a mother not to transmit to her child her horror, or her association of blood with pain. Yet children, unless they have picked up this idea from adults, need not have any such feelings. If Johnny knows ahead of time that his finger will receive a slight prick, such as he gets dozens of times crawling around in briars at play, followed by the appearance of a round bead of his own beautiful red blood, he will probably watch the whole performance with fascination. Mother may be standing by, trying to keep from shuddering or cringing, but

Johnny watches without anxiety the bead of blood rise in the little glass tube, just as he was told it would.

Another routine procedure is to take a sample of urine. Johnny may feel a little strange about using a urinal. But if he has been told about it beforehand and nobody hurries him, he may be less disturbed. And after he is a little more used to his surroundings, he is likely to produce the sample readily.

For Mary this process may be a bit more embarrassing. Mary is proud of the fact that she is trained and never gets her bed wet. The bedpan with its strange feeling may make her think she has spilled in her bed, which she would never wish to do, especially in a strange place. A little description ahead of time of the bedpan and of how it feels, and assurance that it will not spill over, can make this procedure easier for her.

Anesthetist briefs Johnny

In the late afternoon a woman doctor, who is to administer the anesthetic the next morning, comes to see Johnny to get acquainted with him. She is wearing her operating-room costume, and she tells him that when he goes to the operating room tomorrow all the other people in the room will be wearing clothes like hers.

She says to him that he probably will not be sleepy when it is time for the operation because it will be daytime, but that she has medicine that will help him go to sleep so he will not feel anything when his throat is being fixed. She lets him smell this medicine, and shows him the anesthesia mask. He turns it over and tries it on his nose so that he knows just what it will be like the next morning. She tells him she will put the medicine onto the mask a little at a time, that he will become very sleepy, maybe dizzy-sleepy. Then, she says, he will go fast asleep and will feel no pain during the operation.

The anesthetist goes on to tell Johnny that when he awakens he will be back in his bed and that his mother will be there (if this is the case). She mentions to him that his throat will

be very sore, but that he will be able to take little sips of ice water when he feels thirsty. Each day after that his throat will be less sore, and she tells him that soon it will be all well.

Johnny learns also that on the morning of the operation he will have no breakfast, as that might make his tummy feel sick.

Tonight he will have his supper on a tray; he likes this.

room, there is the anesthetist he met the afternoon before. She hands him the mask, asking if he remembers what he does with it. He replies that of course he does, putting it on his nose and holding it himself. No one else touches it except the anesthetist, who tells him she is going to hold it steady for him.

Then the anesthetist says quietly that now she is beginning to put on

by mouth, and if he is sleeping it can be taken under his arm perfectly well without wakening him.

Some doctors give penicillin to help fight any low-grade infection the operation might stir up. Such an injection would be painful, but there's nothing to it if Johnny gets it right after the operation while he is still under the anesthetic.

Sometimes after the operation the child is nauseated and sometimes not. At any rate he is glad to have the ice collar on his sore throat and to sip cool drinks.

Home visit repeated

During our study I visited each child at home a week or so after the operation and again after 2 months. The child was free to say just what he thought of the whole thing. Instead of major complaints, which used to be the rule, these children had rather trivial gripes, unconnected with terror and fear. It might be that being given vanilla ice cream instead of strawberry was the worst happening they could think of, or that the television screen in the hospital was not as large as theirs at home; some of them couldn't think of a single gripe about the hospital. Of course, we know that many children do not talk about feelings that are deep-seated. And it is true that at the time of this visit many of the children were still showing some adverse results of their experience, such as restlessness in their sleep. But by the time 2 months had passed, only 17 of the 105 studied seemed to be still affected.

Apparently these children went through the tonsillectomy with much less emotional damage than might have been expected. Much of this success was due to the understanding of the hospital staff and to their enthusiastic response to the changes in practice. But the changes have been made primarily through the efforts of the chief pediatrician (the director of the study), who has given leadership for many years in developing hospital practices in the interest of the children's emotional well-being.

Reprints in about 6 weeks



When Mary woke after her operation, there was her mother, as well as a friendly nurse. Pleasant awakening helps to minimize emotional disturbance caused by hospitalization.

When it is time for him to go to sleep he has a snug, comfortable feeling, for there in the bed across the room from him is his mother. He also has his favorite teddy bear, which always sleeps with him. Nobody in the hospital thinks that this is silly, but that it is a good idea to have whatever is familiar and comforting.

In the morning Johnny looks for the cart that he has been told will come rolling along to ride him to the operating room. And this time he rides right into the elevator on his cart. But this is not a surprise. He has been told about this too.

When he arrives at the operating

the medicine he smelled the night before. Johnny recognizes the smell and after a few moments may say, "I feel a little sleepy," or his hands, holding the mask, may slip down to his sides as he gets drowsier and drowsier. That's all there is to it! No battle, no holding down, and no feeling of a surprise attack.

We found that among the most annoying procedures for a child are taking his temperature by rectum and giving him an enema. And why not? Nowhere in history has anyone exclaimed with joy over an attack from the rear, so why should Johnny? In this hospital he will not be given an enema. His temperature is taken

INSTEAD OF "BLOOD-AND-THUNDER" RADIO

A noncommercial program encourages little children to learn through dramatic play

NANCY HARPER

SO FAR as children are concerned, everything on radio and television is educational. Every program that reaches them, regardless of the quality, teaches them something, and it seems high time for parents, and others interested in children, to pay more attention to what and how the children are learning from their new teachers. Of course a child is the same person whether he is in school, or at home in front of a radio or a television set. Whatever he learns from radio and television, it should reinforce, not destroy, what parents and teachers are trying to build.

As an experiment in radio programming, designed to give, over the air, some of the same kind of learning and fun and confidence that children would get in a kindergarten or nursery school, "The Children's Circle" goes on the air in Boston every day at 5:30 p.m. over a noncommercial radio station. In preparing the program, we draw on the resources and personnel of Boston's Museum of Fine Arts, Museum of Science, Children's Museum, and other organizations in the Boston area that are interested in children.

NANCY HARPER is a faculty member of the Nursery Training School of Boston. She is co-producer of "The Children's Circle," a daily radio program for children 2 to 6 years of age, which she describes here. She is the mother of two children, 7 and 5 years of age.

Mrs. Harper's radio program was begun in October 1951. It is broadcast on Boston's 1-year-old noncommercial, educational, FM station, WGBH. This station is operated with the advice and cooperation of the Lowell Institute Cooperative Broadcasting Council, whose members are the Lowell Institute, Boston College, the Boston Symphony Orchestra, Boston University, Massachusetts Institute of Technology, the Museum of Fine Arts, the New England Conservatory of Music, Northeastern University, and Tufts College.

Patterned on everyday children's everyday interests, each program is written in a series of brief episodes, generously interlarded with music and conversational periods, to avoid overstretching a child's attention span.

Each program lasts half an hour. It is given slowly; dramatic play is suggested; and time is allowed for the children to carry out the suggestions on the spot.

On Columbus Day, for example, historical material is woven in. Upon the program's suggestion, the children may act out how the boy Columbus was told that the world was flat and how he figured out that it must be round. They may climb up into their armchair "sailing ships" and start on the great adventure across the Atlantic Ocean, which, in their case, of course, is the living-room rug.

Again, a program in connection with science material about animal habits may start such a game as bears preparing for winter—storing up food and preparing their homes. And an hour or so later the children will still be "bears," eating their sup-

pers peacefully or going to bed under sheets that have become, by children's own magic, special caves for baby bears!

We keep up with the seasons

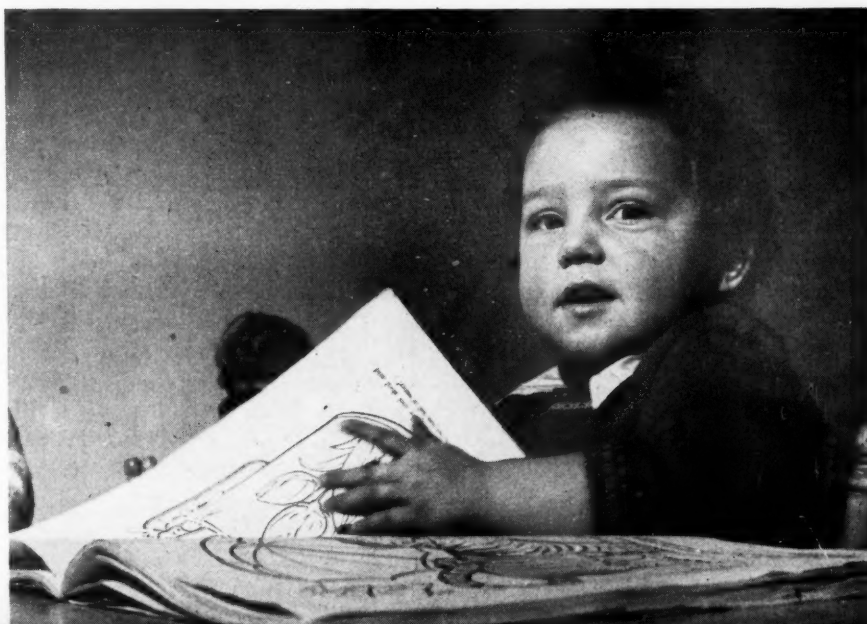
The program moves with the child's life—from fall experiences to winter ones, and so on.

Even before the days and nights begin to grow cold, coal or oil trucks arrive at people's houses; and children, for the first time, or with increased appreciation, learn where coal and oil come from, how they are carried to our homes, and what these fuels will do.

Cooler weather brings on a question: "Why must I wear a jacket just because it's fall?" And the program combines science material and stories and music to answer just such questions. At jacket-wearing time a child may find it hard to learn to zip a zipper and remember to button a button. A game and a story and radio-suggested practice on these exasperating problems give such necessary things importance and fun.

As fall days grow shorter, an elec-

This time the radio story is about flowers, and a picture book helps this child to enjoy it.



tric-light bulb becomes more important than it was in summer; and it needs explanation, along with the reason why a finger mustn't be poked into the light socket. A game about sunlight and shadows makes use of a light bulb, too, with the bulb playing the part of the sun, and the child's hand serving as a cloud, to cast shadows where it will.

As winter approaches and sunny bedtimes change to dark ones, fears and bedtime problems may crop up. But they can lose their sting when a dramatic game accompanies an evening program, like the one about the baby bears.

Another bear story involves a "treasure hunt," in which a present for the child's mother is supposed to be hidden somewhere in the room. This leads to a search—under every chair, behind every cushion, even under the rug. Then, somewhat as in Marjorie Flack's story, "Ask Mr. Bear," the child meets a bear and asks for help. Whereupon the bear in this radio story whispers to the child and tells him where the present is. It is in the child's arms—a great big bear hug—and he promptly gives it to his mother.

Violent play not always fun

It is true that the rocket ships and gun-toting cowboys on many radio programs demand and get children's rapt attention, sometimes resulting in violent and aggressive imitative play. But the amount of noise a child makes does not necessarily indicate enjoyment. On the other hand, a child may not make much noise playing at being a traffic policeman as part of a radio game, but he may enjoy it, and he may find it a step toward learning that his community really cares about him.

And excitement is not a satisfactory substitute for the confidence that a child acquires when he begins to experiment on his own—to find out through play what makes a shadow over the sun, why a cork floats and stones don't, why a kite flies, and what makes thunder.

The program comes into the home,



See! We found the star in the apple, just the way The Children's Circle lady said we would!

with the stories told as a mother or father would tell them, or a friend, or a teacher, to a child alone or with other children. No studio audience takes part, for this would probably only distract the home listeners. The program narrator permits sufficient time for the children to respond with words and action. Only simple activities are suggested; the children develop these themselves, without a standard that might be too hard to live up to—or too easy.

And their relaxed behavior during such a program is very different from the tense, edge-of-the-chair attention they give to high-powered blood-and-thunder programs.

The programs are recorded, and some of the recordings have been played for children in the Boston Floating Hospital; some of these children are in bed, while others are up and around. Among sick children the program appeals to a surprisingly wide age range—under 2 up to 15 in some cases. The little children are inclined to listen passively; the older ones with amusement and response. Because the program deals with the

everyday, comfortable things, it seems to offer more peace and quiet and comfort, not only to a child disturbed by illness, but to any young child who is tired at the end of a day.

Programs can help parents

It is not easy to help a child feel at home in a world that is often too complicated even for adults. In this effort parents need any help they can find, and increasingly they are learning that help can come from radio and television. And radio, of course, reaches many thousands of children to whom television is not yet available (and who do not have nursery schools or kindergartens to go to).

Both radio and television are becoming part of the basic home education of children, preceding and sometimes overshadowing school lessons. The programs can make a child's world more puzzling and frightening than it already is—even more full of noise and violence. Or they can increase his enjoyment and understanding and self-confidence, and this is the aim of the program called "The Children's Circle."

DELINQUENCY PROJECT MOVES AHEAD

GROUPS and individuals all over the Nation are giving their full support to the recently announced Special Juvenile Delinquency Project sponsored by the Children's Bureau. This Project, on behalf of the Bureau, aims to focus national attention on the problem of delinquency and to stimulate community action toward improvement of services for delinquent children.

The Project, financed by private contributions to the Child Welfare League of America, has received many definite offers of assistance and cooperation in this campaign.

On July 14 and 15 representatives of 14 national agencies whose everyday concern is the prevention and treatment of delinquent behavior met in Washington to advise the Bureau on specific needs for helping delinquent children. The group emphasized the need for more facts about delinquency, for better training of the personnel who work with these children, and for a code of desirable practices to govern the services offered. The agencies represented at the meeting have offered to aid in fact finding and in furnishing consultation to communities undertaking improvements in their services.

Through the cooperation of the International Association of Chiefs of Police, one of the groups represented, a questionnaire has already been sent out to approximately 2,800 police departments in all parts of the country, asking whether or not they have officers who are trained for work with children; how many children are picked up by the police each year—and for what reason; and what procedure is followed for handling these various children.

The entire group of agencies will continue to act as an ad hoc technical committee.

The agencies represented at this meeting were: Administrative Office of the United States Courts; American Public Welfare Association; Bureau of Prisons, Department of Jus-

tice; Bureau of Public Assistance, Federal Security Agency; Child Welfare League of America; Field Foundation; International Association of Chiefs of Police; National Association of Training Schools; National Conference of Juvenile Agencies; National Council of Juvenile Court Judges; National Institute of Mental Health, Federal Security Agency; National Midcentury Committee for Children and Youth; National Probation and Parole Association; Office of Education, Federal Security Agency; and Osborne Association.

To promote local action

One week later, on July 21, in New York, the National Social Welfare Assembly called a meeting of its member organizations to consider ways in which they could cooperate with the Children's Bureau in this Nation-wide campaign. The 33 groups represented at the meeting have a membership which reaches into every community in the United States. The national organizations promised their full assistance in carrying information to their local chapters and in stimulating and supporting local projects connected with better services for delinquent children.

In addition, a number of the organizations reported that they would undertake work directly related to services for delinquents. The Girl Scouts, for example, are organizing troops in training schools. The National Council of the Protestant Episcopal Church will train chaplains specifically for work in training schools. Other groups indicated that they would explore this field of direct services. All the organizations represented at the meeting promised to reexamine their current programs, to see how effective they are in preventing delinquency and whether they can be adapted to better advantage in this campaign.

A summary of proceedings of an earlier meeting, the Conference on

Control of Juvenile Delinquency, has also stimulated widespread interest. This conference, held in Washington April 17-19 under the sponsorship of the Children's Bureau, was attended mainly by experts in the field of delinquency. The conference made recommendations affecting the operation of services for delinquents, the training of personnel, and the need for research in the field of delinquency. The summary of proceedings has been distributed recently to some 3,000 persons who work with delinquent children.

In his foreword to the summary, John H. Winters, Executive Director of the Texas State Department of Public Welfare and Chairman of the Conference, said: "The meeting in Washington was, in my opinion, the first step in a necessary process aimed at alerting leaders to the growing problems of juvenile delinquency. You, the reader, are called upon to use the structure we have created in order to continue building. Specifically, you are asked to consider the contents of this report and let us know what you think about it. We should be pleased to have the report used as a basis for meetings of persons concerned with the control of delinquency and to receive the minutes of such meetings."

Workers in a number of States have already reported plans for holding meetings such as Mr. Winters calls for. Among these States are Connecticut, New York, Delaware, and the District of Columbia. Numerous requests for additional copies of the summary continue to be received. A copy will be sent to any reader of *The Child* who requests it.

Pamphlets related to the work of the project will shortly be available. A special bulletin will be issued periodically to keep all persons interested informed about the latest developments. A copy of this bulletin also will be sent to any reader of *The Child* who would like to receive it.

CHILDREN AND THE SCHOOL-LUNCH PROGRAM

THE NOON LUNCHES that a child eats in the course of a school year have an appreciable influence on his health, his education, and his general welfare. The agencies represented on the Interagency Committee on Nutrition Education and School Lunch are concerned with one or more aspects of school-lunch programs. To assist all member agencies in carrying out such responsibilities as they may have, the Interagency Committee has prepared a statement of the values inherent in school-lunch programs. The paragraphs that follow develop the main theme of the statement of goals, which is that school-lunch programs should be centered on the child—his nutrition, his physical, mental, and emotional development, and his education.

1. The school lunch should foster good food habits and safeguard the health of school children

The noon meal served at school will fulfill its nutritional purpose only if it supplies at least one-third of the day's requirements for calories, proteins, vitamins, and minerals. Its contribution of nutrients should be such that, in combination with the breakfast and the evening meal typical of those served in homes of the community, the total daily needs of the children will be met. Food needs of children differ with their size, activity, and physical condition.

The school meal will serve as a safeguard of nutrition and health

The agencies represented on the Interagency Committee on Nutrition Education and School Lunch are: In the Department of Agriculture, the Bureau of Human Nutrition and Home Economics, the Cooperative Extension Service, the Farmers Home Administration, the Food Distribution Branch of the Production and Marketing Administration, the Office of Experiment Stations, and the Rural Electrification Administration; in the Federal Security Agency, the Children's Bureau, the Office of Education, and the Public Health Service; and the American National Red Cross.

only if it is so acceptable that it is eaten by the children in the quantities provided for them. Therefore, the quality of the food and its acceptability should receive due attention. School lunches provide a means for gaining acceptance of foods of high nutritive value, the increased consumption of which is in the interest of nutritional betterment. The school that serves only appetizing, moderately priced food under pleasant surroundings has taken an important step toward protecting children from unsuitable foods and beverages.

Sanitary safeguards are essential for all food handling, especially group feeding. The public health agency often has legal responsibility for the sanitary conditions and practices in school lunchrooms. Even if legal authority is lacking, this agency can provide valuable advice and assist-

ance to school administrators in ensuring that school lunchrooms meet accepted sanitary standards both as to facilities and operations.

The conditions under which the lunch is served affect the mental and emotional health of children. To this end effort should be directed toward provision of attractive surroundings, an unhurried quiet atmosphere, smoothly functioning service, servers who understand the children and their food needs, unobtrusive guidance when necessary in the choice of foods, and absence of any discrimination.

2. The school lunch should contribute to the education of the child and his family

The school lunch can provide a practical form of education in nutrition, sanitation, and social behavior for all children. It may also give practice to some pupils in planning menus; in buying, preparing, and serving foods on either a home or a commercial scale; and even in producing and processing foods.

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CONFERENCE WORKS TOWARD BETTER CITIZENSHIP

LUCILE ELLISON

THE SPIRIT of young America, vigorous and unafraid, was evident throughout the 1952 National Conference on Citizenship, held in Washington September 17-19.

Seventh in a series, the conference was jointly sponsored by the National Education Association and the United States Department of Justice. In it were assembled 1,000 representatives of over 600 organizations and agencies, all deeply concerned with the rights and responsibilities connected with citizenship. They came from every State in the Union and from numerous foreign countries.

In each of the 18 groups, a cross-section of America came together. In the words of the summarizer: "You are, after all, America in miniature. There are some 1,000 of you, representing millions of doctors, lawyers, merchant-chiefs—to say nothing of the butchers, bakers, and candlestick makers. You are not all of one mind and I would be less than candid if I were to report that you were." Each conference group included a number of young people of high-school and college age and they were accepted as equals with the adults.

Some don't appreciate citizenship

Some pointed questions were asked in the various groups:

"How are our rights and privileges identified and acquired?"

"What rights and privileges seem most fundamental at this midcentury?"

"What are the most persistently troublesome problems arising from

the exercise of our rights and the enjoyment of our privileges?"

"What principles can we formulate, and what means can we employ, to improve the relationship of the individual citizen to his rights and privileges, as well as his duties and responsibilities, under the Constitution?"

First of the "troublesome" problems to be identified was the apathy of many citizens toward their constitutional rights and obligations as citizens. Such apathy, one delegate said, is in fact "subversive inactivity" because it plays into the hands of those seeking to destroy our democratic system.

Another problem, delegates suggested, is that young adults, for many different reasons, either do not or cannot exercise their rights. For example, because the voting age is fixed at 21, many younger people lose interest in and concern with their responsibilities as citizens.

The conference gave much attention to the practice of good citizenship. As one group reported: "It is not a matter of *knowing* right but of *doing* right." Said the summarizer: "There was one point on which you seemed all to be in complete agree-

ment. You couched it in different phrases, but the thought was this: Good citizenship demands action and participation. It is an active, not a passive thing."

The youth-adult panel on the opening evening of the conference presented the active role of schools in making better citizens. Dr. William S. Vincent, director of the Citizenship Education Project at Columbia University and moderator of the panel, said: "Since their beginning in America, schools have devoted a large part of their program of courses and activities to citizenship education. But the job is not an easy one and it is not a cheap one. More recently we have come to realize that you can't make good citizens solely by reading and talking about good citizenship. Good citizenship is a way of behaving. It is a matter of action, and if we know one thing about how people learn it is this: Active things you learn through action. Imagine trying to teach a girl to sew without a needle and thread. Active things require some sort of laboratory approach, and citizenship is no exception."

This panel also illustrated, as was true of the discussion groups, the integration of young people and grown-ups in the conference. In it, six high-school students, a judge of a juvenile court, and a newspaper correspondent took part. The students represented public, private, and parochial schools. From dozens of illustrations, it be-

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What principles can we formulate, and what means can we employ, to improve the relationship of the citizen to his rights and privileges, as well as his duties and responsibilities?



LUCILE ELLISON is a staff member of the National Education Association. Assistant Secretary of the NEA's National Commission for the Defense of Democracy through Education, Mrs. Ellison is assigned as staff liaison to the NEA's Citizenship Committee. In this capacity, she is a member of the Executive Committee for the National Conference on Citizenship.

FOR CHILD WELFARE IN VENEZUELA

ELISABETH SHIRLEY ENOCHS

FEW countries of the Western Hemisphere have made more rapid progress in the field of child welfare than Venezuela. In 1936, when a new Government was set up after the death of General Juan Vicente Gómez, who had ruled the country for more than a quarter of a century, one of the first official acts was issuance of a decree establishing a child-welfare agency. Plans were immediately laid for the country's First National Child Welfare Conference, held in 1938, to which the Venezuelan Government invited the Chief of the United States Children's Bureau as an honored guest. Shortly thereafter, in line with recommendations made at this meeting, Venezuela's Federal Congress enacted a Children's Code, which became the organic act of the present Venezuelan Children's Council. (Consejo Venezolano del Niño).

Ten years later, in 1948, Caracas, the beautiful capital city of Venezuela, was host to representatives of all the American nations at the Ninth Pan American Child Congress. The delegation from the United States, of which Katharine F. Lenroot, then Chief of the Children's Bureau, was chairman, noted the great strides already made in work for children in Venezuela and the eagerness with which all branches of government—Federal, State, and local—were planning future progress. A draft of a new Children's Code had been developed under the leadership of a distinguished Venezuelan jurist who today is Minister of Justice, and that Pan American gathering reviewed the draft. Several of the United States delegates were members of the working group that reviewed the proposed code. A year later the Federal Congress of Venezuela approved that draft, with appropriate amendments, and the Code provides the legal authority under which the Ven-



In Venezuela, as in our own country, children are the nation's most important resource.

zuelan Children's Council now operates.

How the Council functions

In its structure the Council differs from many similarly named agencies in the other American Republics. In accordance with its basic statute it functions through an Assembly (Asamblea); a Board of Directors (Junta Directiva); a General Secretariat (Secretaria General); and 13 Regional or State Councils (Consejos Seccionales).

The Assembly is composed of representatives of the Federal Executive

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Mrs. Enoch has been a delegate to various Pan American Child Congresses, including the Ninth Child Congress, which was held in Caracas, Venezuela. She has also represented the United States at several of the meetings of the Directing Council of the American International Institute for the Protection of Childhood.

branch of the Government and of the Ministries of Interior, Defense, Public Works, Education, Health and Social Welfare, Labor, Justice, and the Government of the Federal District. In addition to issuing regulations and reports, as prescribed by the Children's Code, it serves as a consultative body to the Council's Board of Directors.

The five-member Board carries the full executive and administrative responsibility of the Council; the Board's resolutions and orders are carried out through the General Secretariat.

Designed to serve the "whole child," the Council is largely the achievement of a far-seeing group of experts in the fields of pediatrics, public health, education, law, and social service. Its basic philosophy has been summed up by the President of the Board in the following terms: "... the goal of all programs of child care and welfare is to conserve the child in his own home, to strengthen family ties, to serve the whole child

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there, in his natural setting. The welfare of a people can be achieved only through the family . . . The home is the first line of defense against misfortune, against crime, against immorality and social crises . . ."

Direct service to mothers and children is offered through eight technical divisions.

The Division of Prenatal and Maternal Care sets standards and gives subsidies to maternity homes and postnatal centers founded by voluntary women's organizations. It has also established a nutrition center for pregnant and nursing women and has under study a national plan for family allowances. The Council works in close cooperation with the Ministry of Health and Social Assistance, which operates maternal and child-health centers.

The Division of Infancy and Pre-school Children cares for children from birth to 7 years of age through day-care centers and kindergartens. The Council's 41 day-care centers now care for 1,555 children, while its 25 kindergartens, in the capital and the several States, have a capacity of 1,609. Subsidies are also given to a number of private agencies providing similar facilities.

Dependent and delinquent children, as well as those with mental or physical handicaps, are cared for through a division called the Division of Minors in Irregular Situations. This part of the Council's program is largely the work of a psychiatrist, who was formerly Minister of Education and was the first Secretary General of the Council, Dr. Rafael Vegas. The program is generally referred to as the "Vegas Plan." A whole article might well be written about this Division; its boarding homes; its observation and treatment homes; its educational, scholarship, and apprenticeship programs—as well as about the plans for developing an effective system of financial aid to families to prevent many of the problems dealt with by these institutions. Through a technical advisory committee many types of professional skill are mobilized by the

Council to serve the needs of its wards, and special staff-development programs are being planned to improve the quality of care the children now receive.

The Social Service Division, with a staff of 58, has 27 offices throughout the country, including a few offices in States where as yet there is no regional or branch Council. The activities of the social workers are largely decentralized. In Caracas the social workers are assigned to work in the 14 maternal and child-health centers of the Ministry of Health and Social Assistance. The Division plans to extend this arrangement to other localities since it provides a basis for close and useful collaboration between social workers and public-health nurses. The social workers do casework and groupwork, child placing, and family counseling. They settle questions of parental authority and guardianship and refer certain problems to the Juridical Division.

As its name implies, the Juridical Division handles the Council's legislative matters. In addition to maintaining a legislative reference center it provides legal-consultation service, and through a staff of so-called "children's attorneys" it appears in court cases where the rights of minors are involved. In furtherance of its various programs this Division is now planning a series of "juridical seminars" for juvenile-court judges, children's attorneys, and Division staff.

The Division of Reports and Publications and the Division of Statis-

tics have contributed greatly to making known throughout the country the problems of child welfare and the services of the Council. The Administrative Division handles all details of purchasing, transportation, personnel, budget, and fiscal work for a program which last year totaled more than \$12,000,000. It is estimated that the Council's services reach four-fifths of the approximately 2 million children under 18 years of age in Venezuela.

A Cuban social worker has recently published in the *Revista de Servicio Social* of Havana the following account of her work in Venezuela:

"As a social worker I was part of a hard-working army on the staff of the Children's Council, carrying to the most remote and hidden hamlets of Venezuela the message of social justice and the material and spiritual benefits of the Council's work for children.

Social workers in short supply

"The social worker is an important member of the Council's staff, for it is she who studies at first hand each case referred to it and who deals directly with the child and his family or, through her reports, advises directors of agencies, doctors, attorneys, and judges of juvenile courts. Although a large number of the social workers graduated each year from the two schools of social work are employed by the Council, there are not enough to meet the needs. The Regional or State Councils send

Homes of families in Venezuela are often located in tiny hamlets hidden away in the mountains; and health and social workers are likely to find much difficulty in reaching the people.



girls on fellowships to Caracas for training in order to build up their own trained staffs in the hope of avoiding constant changes.

"From the beginning of my assignment, while I was in the capital, in the headquarters office, I was able to know and evaluate the great humane and social task of the agency. Caracas enjoys greater resources because of the collaboration given by the Ministry of Health and Social Assistance through its maternal and child-health centers and through the pediatric dispensaries of the Municipal Government. There are more agencies in the capital, better facilities for foster-home placements and for adoptions. There are likewise greater economic resources.

"The second phase of my assignment was in the State of Bolivar. This State includes, in addition to the State capital, Ciudad Bolivar, on the banks of the Orinoco River, the whole of Venezuelan Guayana with its enormous reserves of iron, gold, and diamonds. Yet despite its mineral wealth Bolivar is not one of Venezuela's richest States. It is inhabited by Indian tribes reached only by missionaries and explorers. During our stay we found, among the hundreds of cases passing through our office, which we handled or visited personally, a number related directly or indirectly to the Indians of those distant jungles whom we could not visit but to whom the Council's work was not unknown. I remember the case of an old Indian woman who came in from her distant tribe with a blind son to ask the 'Tribunal of Children' to find another son, 15 years old, who had run away from the tribe. The blind son was interpreter for the old lady, who spoke only an Indian dialect. Having registered her request she went away satisfied that the 'Tribunal of Children' would find her boy. And a few days later, as a result of telegrams, press notices, and radio broadcasts, the young Indian lad was on a plane headed for Santa Elena de Uairen, the last outpost reached by the airlines in Indian territory.

"Our last assignment was Merida,

the university town in the West on a plateau in the Venezuelan Andes, where I established a Regional Council. The preliminary studies took me to every part of the State—to towns, villages, and tiny hamlets hidden in the mountains. I interviewed authorities and neighbors, studying resources and needs. The opportunity thus offered me gave me a better understanding of the scope of this work that the Venezuelan Children's Council is doing for its future citizens."

For advanced study

During each stage of its development the Children's Council has sought the cooperation of experts from the other American Republics.

The President of the Venezuelan Children's Council, Dr. E. Santos Mendoza, has been most active in promoting international exchange of knowledge and experience with similar agencies in other countries. A few years ago, at Dr. Mendoza's request, Katharine F. Lenroot, then Chief of the Children's Bureau, made an agreement with him, according to which the Children's Bureau would undertake to supervise trainees—pediatricians, nurses, social workers, nutritionists, and so forth—who were sent to the United States by the Venezuelan Council for advanced work. Some assistance already has been given to three such trainees.

Last year Dr. Mendoza asked the Bureau to recommend a specialist in social groupwork to be employed directly by the Council to develop an in-service training program. The worker recommended by the Bureau accepted the position. And she has just returned from an 8-month assignment in Venezuela during which she taught groupwork to the Council's social workers as part of its program of staff development.

The cooperation initiated with the visit of the Chief of the Children's Bureau to Venezuela's First National Child Welfare Conference in 1938 has ripened through the years and shows once more that interest in the welfare of children is a strong element in promoting international friendship.

CITIZENSHIP

(Continued from page 41)

came evident that the school itself can be a civic laboratory that, with the help of community leaders, can broaden into the community, into the State, into the Nation, and into the world.

But, whether for youth or adult citizens, "On every liberty there is a price tag of responsibility," delegates agreed. Some of the responsibilities of the adult citizen, they pointed out, were:

To vote—regularly and intelligently, and in the primary as well as the general election.

To follow-up on voting by holding the elected officials responsible for their actions and conduct. At the same time, it is urgent that citizens aid actively in the development of a feeling of trust and confidence in the vast majority of loyal, honest, and capable public servants.

To obey the duly enacted laws of the land even though some individual pieces of legislation may not coincide with our convictions.

To pay taxes with as good a grace as possible and to seek information about the disposition of tax money in order to hold elected officials responsible for the wise use of it.

To support our country in armed conflict.

To oppose the activities of subversive persons and organizations, without, however, subverting the liberties that are guaranteed us by the Constitution.

To put public interest ahead of private advancement.

To speak out, even at considerable cost to the individual, in support of the rights of others.

To define rights and responsibilities in terms meaningful to the individual and to develop a program of action for meeting the problems involved.

To join with others in "making the Constitution live" by insisting upon a constructive approach which emphasizes the contributions that all individuals and groups are capable of making toward better citizenship.

SCHOOL LUNCH

(Continued from page 40)

The good school lunch, adequately publicized to parents by both children and school officials, can be a potent force in improving home food practices and in increasing nutrition knowledge among other members of the family.

Since the school lunch affords both health and education benefits, it is important that it be available to all children attending school who wish to partake of it. If charges are made for the school lunch, a plan should be worked out so that no child is excluded or is the object of discrimination because of inability to pay the full price of the lunch. All receipts from school-lunch operations ought to be used to provide the best possible lunches at the lowest possible price. In order that school lunches may be of maximum benefit to school children, community resources may need to be supplemented by outside financial aid for facilities, equipment, and upkeep, as well as for current operations.

In order to make the school lunch a school-wide educational project, it has to be administered by school officials and operated with the assistance of qualified workers, whether paid or volunteer. All individuals involved in a school-lunch program need to be adequately prepared for the responsibilities they carry. This statement applies with equal force to administrators, supervisors, managers, workers, and teachers. School-lunch workers should be selected because of their aptitudes, should be given adequate training for the job, and should work under competent supervision.

3. The school lunch should be a community-wide enterprise

Much of the success of a school-lunch program rests with the local community. It is the concern of parents and teachers, of the agencies responsible for or interested in community health and welfare in general, and of those with specific responsi-

bility for the health and education of the child of school age.

Community planning involving parents and citizens' groups, as well as civic and school officials, is essential for full realization of the potentialities of school-lunch programs. These planners should direct their attention to such essentials for successful school lunches as: Adequate financing, facilities, and equipment; sound administration; competent direction by individuals aware of the food needs of children, as well as skilled in management and supervision; and educational programs in both the school and the community.

Copies of this statement are available from the Nutrition Programs Service, Bureau of Human Nutrition and Home Economics, U. S. Department of Agriculture, Washington 25, D. C.

IN THE NEWS

Elizabeth Healy Ross, psychiatric social worker, took office October 1, 1952, in the newly created position of Deputy Chief of the Children's Bureau. As Deputy Chief, Mrs. Ross is working directly with Dr. Martha M. Eliot, Chief of the Children's Bureau, in directing the Bureau's programs of research in child life and administration of grants to the States for extending and improving maternal and child-health, crippled children's, and child-welfare services.

Before coming to the Children's Bureau, Mrs. Ross was for 6 years consultant to various Federal and District of Columbia agencies on development of psychiatric social services for children, for military personnel, and for veterans.

Born in Fort Dodge, Iowa, Mrs. Ross was graduated from the University of Minnesota and from the Smith College School for Social Work.

For several years she worked in child-guidance clinics. Then, during the 30's, she was a member of the staff of the Bank Street College of Education, New York City, where she helped develop a program of education for nursery-school and elementary-school teachers. This involved courses in child development and guidance. Following her work with the Bank Street College, Mrs. Ross

became admissions secretary and faculty member of the Pennsylvania School of Social Work, Philadelphia, Pa., where she taught, among other things, "Approaches to Work with Children."

While in Philadelphia, the major focus of Mrs. Ross' work was in the field of emotional growth of children. She gave courses to nursery-school teachers and to vocational-education teachers. She also served the Charles-town Play House, Phoenixville, Pa., and the Philadelphia Home for Infants.

During World War II, Mrs. Ross was Secretary of the War Service Office of the American Association of Psychiatric Social Workers, created with funds from the Rockefeller Foundation for the purpose of insuring maximum use of psychiatric social work personnel during the war period. She served as consultant in psychiatric social work to Dr. William C. Menninger, Chief of Psychiatry, in the office of the Surgeon General, Department of the Army, and has continued to advise on the military social-work program since the war.

Since 1946 Mrs. Ross has also served as consultant in the development of program, policies, and standards of psychiatric social work to several agencies—the Veterans Administration; the National Institute of Mental Health, of the Public Health Service; Walter Reed Army Hospital; and the Child Welfare Division, Board of Public Welfare, District of Columbia. She assisted in the preparation of the Fact Finding Report of the Midcentury White House Conference on Children and Youth.

Elected a member of the executive committee of the National Conference of Social Work in 1951, Mrs. Ross is a member also of the American Association of Social Workers and of the American Association of Psychiatric Social Workers. She was formerly on the advisory board on health services to the Chairman of the American Red Cross. Mrs. Ross' writings have appeared in various professional magazines.

Dr. Eliot and Mrs. Ross are assisted by Dr. Katherine Bain, the Bureau's principal consultant on health program, who continues to advise particularly on matters of program development for the Bureau as a whole, and Neota Larson, whose special area of work is administrative policy and legislation.

Melvin Glasser has been appointed Special Assistant for State and National Organization Relations on the

Special Juvenile Delinquency Project sponsored by the Children's Bureau. He will bring to this Project the full benefit of his experience as Executive Director of the Midcentury White House Conference.

Community and child. How communities can improve life for children was one of the principal subjects discussed by delegates from 30 nations at a 3-week seminar on Mental Health and Infant Development, which was held July 19 to August 10, 1952, at Bishop Otter College, Chichester, England.

The seminar was based on clinical studies of child development, made in France, the United Kingdom, and the United States of America.

The teaching faculty consisted of about 15 specialists from these three countries, and the delegates included doctors, psychologists, pediatricians, and social workers.

The seminar was sponsored by the World Federation for Mental Health, with the cooperation of UNESCO, the World Health Organization, the International Children's Centre in Paris, the United States National Advisory Mental Health Council, and the Grant Foundation of New York.

Young workers. According to Census estimates, in 1951 more than twice as many boys and girls under 18 were employed as were employed in 1940. Two-thirds of the 2½ million employed in 1951 were also attending school.

School enrollment. Data released July 21, 1952, by the Bureau of the Census show that, in October 1951, 99 percent of the children 7 to 13 years old in the United States were enrolled in school. (The age group 7-13 is included under compulsory-attendance laws in practically every State.) Of boys and girls 14 and 15 years of age, 94.8 percent were in school, but only 74.9 percent of those 16 and 17 years.

The high enrollment among children 7 to 13 years old—18,000,000—is due primarily to the presence in the elementary grades of a large number of children born shortly before World War II and during the war years, the report says. The number of children in this age group enrolled in October 1951 is 3,200,000 greater than the comparable number for October 1945.

Live births in the United States in 1951 soared above 3,800,000 for the second time in our history, and topped the 1950 birth total by more

than 200,000, according to preliminary figures from the National Office of Vital Statistics, Public Health Service, Federal Security Agency.

Moreover, the 1951 total may be an all-time high for the United States.

The number of children born in 1951 was estimated at 3,833,000 as compared with the 3,818,000 born in 1947, the previous record year. Because of the small difference between the two figures, it is necessary to wait for final data for 1951 before determining whether 1951 is definitely the all-time high.

The annual birth rate for 1951, based on registered births alone, rose to 24.5 per thousand population, an increase of 4.3 percent over 1950.

A fall in the infant mortality rate, which dropped for the fifteenth straight year, also helped to swell the 1951 addition to the infant population. Infant deaths last year occurred at the rate of 28.8 per thousand live births, contrasted with a rate of 47.4 in 1940 and 64.8 in 1930.

MCH services (preliminary figures). Under Federal-State maternal and child-health programs carried on under the Social Security Act, almost 395,000 babies under 1 year of age and 565,000 other children of preschool age attended health clinics in the calendar year 1951. This represents increases of 30 percent and 35 percent respectively over the numbers attending in 1950.

Physicians examined about 2,394,000 school children in 1951 under this program, an increase of nearly 8 percent over the 1950 figure.

About 189,000 women attended prenatal clinics in 1951, which was an increase of 8 percent over 1950 (175,000). There was only a slight increase in the number of expectant mothers who received public-health-nursing service (268,000 in 1951 and 258,000 in 1950). There was a 13 percent increase in the number of women who received postpartum nursing service—nearly 279,000 in 1951. The number given a postpartum medical examination—nearly 53,000—was nearly 12 percent below the number for the previous year.

DEADLINE EXTENDED TO OCTOBER 31

Owing to an unavoidable delay in sending out circularization cards to the official mailing list for *The Child*, the closing date for the return of the cards has been extended to October 31.

FOR YOUR BOOKSHELF

SCHOOLS FOR THE VERY YOUNG.

By Heinrich H. Waechter and Elizabeth Waechter. F. W. Dodge Corporation, 119 West Fortieth Street, New York 18, N. Y. 1951. 197 pp. \$6.50.

This is the first book I have seen in which an architect and an educator join to give a comprehensive view of the physical and social needs of the preschool child in relation to physical equipment planned to meet these needs when he is in a nursery school.

The authors review the history of preschool education and give a picture of life in the nursery school of today. They believe that if an architect is to plan and design schools for young children, he should visit schools "to observe and experience for himself the great difference between the building as an inorganic structure of more or less formal beauty and the building which has come to life by its use."

Recognizing that no standardized methods of construction have been developed for these schools, the authors consider this fortunate, for the whole conception of preschool education is still in a developmental stage. As for their idea of how to construct a building for preschool education, they say that it is logical to draw on experience with construction of the two types of buildings most nearly related to it, namely, the home and the school.

The book covers such subjects as problems of layout and design; the relation of the nursery school to its neighborhood and community; outdoor equipment and playground surface; and the technological problems of lighting and ventilation, color, mechanical equipment, and furnishings. There are many photographs and floor plans, as well as a bibliography.

This book is "must" reading for all who are concerned with planning new buildings (or remodeling old ones) to give group care to young children.

I. Evelyn Smith

PRACTICES IN HOMEMAKER SERVICE; as reported by agencies providing the service on June 30, 1949. Federal Security Agency, Social Security Administration, Children's Bureau, Washington, 1951. Processed. 19 pp. Single copies free.

This study, made by the National Committee on Homemaker Service,

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supplies social agencies with a set of facts on actual practices in homemaker service. It is a "working report" without comment or conclusions.

The report tells how 63 social agencies were administering their homemaker services in mid-1949. Fifty-six of the agencies were privately supported, 6 were publicly supported, and 1 was operated under combined private and public auspices. Thirty-two of those privately supported were family service societies, 19 were family and children's services combined into one agency, and 12 were children's agencies.

The agencies reported on five points: (1) On how the families came to them for service and how the original arrangement was made; (2) on their homemaker staff (number, work week, wages, training, etc.); and (3) on the professional staff (time the supervisor gives to the service, her education and experience, her duties, the line of authority, and the range of salaries); (4) on homemaker-service committees; and (5) on keeping the boards of directors informed about the service and letting the public know what such a service can do for families.

PRACTICAL GUIDE FOR FOOD SERVICE IN NURSERY SCHOOLS AND OTHER GROUP CARE CENTERS. By Edna Mohr. Elizabeth McCormick Memorial Fund, 848 North Dearborn Street, Chicago 10, Ill. 1951. 34 pp. 50 cents.

What types of foods should all young children have every day? How many meals should be served in order to meet the child's daily

food needs? What variation should there be in the amount and type of food served at different times during the day? How can an effective working relationship be maintained between the home and school in order to be certain that the child's food needs are met? How can the efforts of the home and school be unified in helping the child learn to like the foods he needs?

This guide offers concise, practical answers to these questions, based on the author's breadth of experience as a nutritionist and nursery-school consultant on the staff of the Elizabeth McCormick Memorial Fund.

The appendix contains a limited number of favorite recipes and is followed by a brief and pertinent bibliography.

Although this material is designed particularly to help untrained and inexperienced staff, it should prove a helpful handbook for all concerned with planning and serving food in group-care centers.

Catherine M. Leamy

YOUR NEIGHBOR'S HEALTH IS YOUR BUSINESS. By Albert Q. Maisel. Public Affairs Pamphlet No. 180. Public Affairs Committee, Inc., 22 East Thirty-eighth Street, New York 16, N. Y. 1952. 31 pp. 25 cents.

Graphic examples are given in this pamphlet of some of the things a health department does.

The booklet makes specific suggestions on how a citizen can find out how adequate the public health services are in his own community and how to work for improvements that may be needed.

CALENDAR

Nov. 6. Play Schools Association. Annual meeting. New York, N. Y.

Nov. 7-11. National Conference of Christians and Jews. Annual meeting. Washington, D. C.

Nov. 9-15. American Education Week. Thirty-second annual observance. Information from National Education Association, 1201 Sixteenth Street, N. W., Washington 6, D. C.

Nov. 12-14. National Association of Intergroup Relations Officials. Sixth annual meeting. Washington, D. C.

Nov. 12-14. American School Food Service Association. Annual meeting. Los Angeles, Calif.

Nov. 12-15. National Association for Nursery Education. National conference. Minneapolis, Minn.

Nov. 12-Dec. 10. United Nations Educational, Scientific, and Cultural Organization (UNESCO). Seventh session of the General Conference. Paris, France.

Nov. 13-14. National Social Welfare Assembly. Seventh annual meeting. New York, N. Y.

Nov. 13-15. Family Service Association of America. Biennial meeting. Buffalo, N. Y.

Nov. 16-22. Book Week. Thirty-fourth annual celebration. Information from Children's Book Council, 50 West Fifty-third Street, New York 19, N. Y.

Nov. 17-19. National Association for Mental Health. Annual meeting. New York, N. Y.

Nov. 20-22. American Speech and Hearing Association. Twenty-eighth annual meeting. Detroit, Mich.

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